Personal Loan Application

Phone. 03 9091 6760 Fax. 03 9091 6755



Date of Applicatio	n		
Personal Detail	S	Employment Details	
Given Name/s: Surname:		Self Employed: No FT/PT/Casual:	Yes
Gender (M/F):	DOB:	Job Title:	
Driver's Licence Nur	mber:	Current Annual Gross Salary/Wag	e: \$
DL Expiry:	State:	Employer Name:	
Number of Dependa	ants:	Employer Address:	
Age of Dependants:		Employer Contact Name:	
Current Address:		Employer Phone Number: Date Started:	
Residential status (e	eg. renting):	(Complete previous job details if o	current less than 3 years)
Previous Address:		Previous Employer: Address:	
Residential status (e	g. renting):	Contact Name:	
Home Phone:		Date Started and Finished:	
Mobile Phone:		Other Income - Description	Amount per month
			\$
			\$
			¢.

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Assets	Liabilities
Property (address, value)	Property Loans (include name of lender)
\$	
\$	Debt: \$ \$per month
\$	
	Debt: \$ \$ per month
Motor Vehicles (make, model, year, value)	Motor Vehicle Loans (include name of lender)
\$	
 \$	Debt: \$ \$ per month
 \$	
	Debt: \$ \$per month
Cheque or Savings Accounts (include name of bank)	Personal Loans (include name of lender)
 \$	
 \$	Debt: \$ \$ per month
\$	
Investments (eg. shares, superannuation)	Credit Cards (include name of lender)
 \$	
 \$	Debt: \$ Limit: \$
\$	
Other (eg. personal belongings)	Debt: \$ Limit: \$
 \$	
\$	Other (include lender, debt, monthly payments)
 \$	
 \$	

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Please provide notes at to what the funds will be used for				